

**WRITTEN NUTRITION/FOOD SERVICE PROGRAM SUPPLEMENT  
INFANT / TODDLER CHILD CARE CENTERS**

The attached form is to be used by Infant/Toddler Child Care Centers for the purpose of reporting the practices within their nutrition/food service program as required by licensing requirements 470 IAC 3-4, established and promulgated in accordance with IC 13-5-3.

**PURPOSE**

1. To provide a written statement of your knowledge of and intent to follow the Nutrition/Food Service and Sanitation Regulations of 470 IAC 3-4.7.
2. To provide a reference for the interpretation of a portion of child care licensing rules.
3. To provide an educational tool for staff.

**WHAT TO SEND**

**IF THIS IS A PROPOSED (*NEW SITE OR NEW OWNER*) FACILITY, YOU MUST SUBMIT AN APPLICATION FOR LICENSURE PRIOR TO SUBMITTING THIS PROGRAM.**

You must send:

1. Two (2) identical programs; and
2. Two (2) identical sets of attachments.

Each set of attachments must include:

- a. One (1) week's menu for toddlers;
  - b. one (1) week's menu for infants; and
  - c. suggested feeding plans signed and dated by your consulting physician for infants.
3. All centers must also submit "Written Nutrition/Food Service Program for Child Care Centers."

**MAIL**

Send the two (2) programs and two (2) sets of attachments to:

MS02  
Family and Social Services Administration  
Division of Family Resources  
BUREAU OF CHILD CARE  
402 W. Washington Street, Room W386  
Indianapolis, IN 46204

## ADDITIONAL INFORMATION

### General

1. For questions about the program, call (317) 232-4469.
2. The programs will be reviewed upon receipt; and, when approved, one will be returned to the facility, and one will be retained by the Division of Family Resources.  
  
If the programs are not approved, both programs will be returned to the facility with a letter indicating the noncompliances. Both programs must be corrected and resubmitted to the Division of Family Resources for approval.
3. For your assistance, the following have been included:  
Sample feeding plan for infants;  
sample infant menu form and sample menu;  
sample toddler menu form;  
information on infant/toddler feeding plans and menus; and  
bottle sterilizing procedures.
4. You must send one (1) original program, one (1) original set of attachments and one (1) copy of the program with one (1) copy of the attachments.

## INFANT FEEDING PLANS

Prior to admission to the center, a feeding plan shall be established and written for each infant. The initial feeding plan for each infant must be signed and dated by either the infant's physician or by your consulting physician. The feeding plan must be continually updated by the physician or the parent(s) for the infant's current age and diet changes.

The feeding plan must include:

- a. The type and amount of formula and/or food to be offered;
- b. the feeding time schedule, listing specific foods and fluids; and
- c. the dosage and type of vitamins and other food supplements or medications.

The feeding plan must be kept:

- a. In the infant's file;
- b. posted in the infant's room; and
- c. posted in the area where infant food preparation takes place.

As part of this "Written Nutrition/Food Service Program Supplement," you must submit sample feeding plans for infants which include your consulting physician's original signature and a current date. You may use the sample feeding plan attached to this program or you may design your own plan.

The written directions for feeding given by an infant's own physician will take precedence for the infant over the sample feeding plans signed by your consulting physician. The infant's physician may personalize the feeding plan when he reviews the feeding plan during the infant's pre-admission physical examination. If the infant's parents provide baby food and/or formula, they are required to supply the foods listed on the individual feeding plan signed by the infant's physician.

## INFANT MENU

A one-week infant menu must be planned by the center. This infant menu may be used as a guideline for parents. The menu must be posted in each infant room and in the kitchen or area used for infant food preparation. A sample menu form for infants is attached.

The following are guidelines for writing menus:

1. Include only plain, strained vegetables, fruits and meats. Avoid mixed dinners and desserts.
2. All juices must be 100% juice and all non-citrus juices must be fortified with vitamin C.
3. When vegetables are introduced, two sources of vitamin A must be provided each week. *(If lunch and dinner are provided, four sources of vitamin A must be included each week).*

## TODDLER MENU

Meals for toddlers should exclude foods which may cause choking, The following are examples of foods that should not be given to toddlers:

Grapes	Popcorn	Round candies	Hard chunks of uncooked vegetables & fruits
Peanut butter	Seeds & nuts	Large pieces of meat, especially hot dogs & sausage	

You may use the same menu for toddlers as you use for older children, as long as appropriate substitutions for the toddlers are made and marked on the menus. Mark the food that is being changed with a star (\*); and at the bottom of the menu, write the name of the food which will be used as a substitute. For example:

Popcorn \*

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Crackers

Separate menus for toddlers are also acceptable.

Enclosed:

1. Sample Infant Menu
2. Infant Menu form
3. Infant Feeding form and Suggested Feeding Plan Guidelines
4. Toddler Menu form
5. Bottle Sterilizing Procedure
6. Breast Milk Procedure



# WRITTEN NUTRITION / FOOD SERVICE PROGRAM INFANT / TODDLER CHILD CARE CENTERS

State Form 46682 (R3 / 1-07) / BCC 0053

Name of facility		Date (month, day, year)
Location		County
City	ZIP code	Telephone number (with area code)  (       )
Mailing address (if different from above)		
Name of director		
This report prepared by:		Telephone number  (       )
<i>List the number of children <b>licensed</b> for in the first column and <b>average</b> daily census in the second column.</i>		
	<b>Licensed For</b>	<b>Average Daily Census</b>
6 weeks to 1 year		
1 year		
<i>Check "Yes" for each item if it is a statement of the practice in your facility. Check "No" if the statement does not agree with your practice. If the statement does not apply to your facility, check "NA". Complete all questions.</i>		
<b>FEEDING PLANS AND MENUS</b>		
1. Each infant has a feeding plan. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 2. The feeding plan is: a. Kept in the infant's file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA b. Posted in the infant's room <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA c. Posted in the infant food preparation area. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 3. Each feeding plan is: a. Initially signed by a physician <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA b. Updated as needed by parent or physician <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	4. All food allergies, special diets and vitamin and mineral supplements are approved in writing by a physician. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 5. Menus for infants and toddlers are written at least one week in advance. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>BOTTLES / FORMULA / FEEDING</b>		
6. Only commercially pre-mixed, ready-to-feed formula is used. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 7. Outdated formula is destroyed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 8. Opened cans of formula are covered, labeled with date and time opened, refrigerated and used within 24 hours. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 9. Formula is poured directly from the original container into the feeding bottle. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 10. If bottles are prepared ahead of time, each poured bottle is covered, labeled with the child's name, date and time filled, refrigerated and used within 24 hours. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	11. The leftover contents of bottles are discarded after feeding. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 12. During bottle feeding, the infant is held by a caregiver. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 13. Filled bottles are not propped nor are any children put to bed with bottles. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 14. Whole or 2% milk is used for children receiving cow's milk. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 15. Water offered to infants is sterilized in a home-style sterilizer or boiled separately for five minutes. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>SANITATION</b>		
16. The trays of high chairs are sanitized before and after meals / snacks. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 17. The feeding bottle sterilizing procedure is posted in the area where the sterilizing is done. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 18. All bottles, nipples, collars and caps are stored in covered containers. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	19. Describe your sterilizing procedure for bottles, nipples, collars, caps and tongs.	

<b>BREAST FEEDING</b>			
20. The center or mother supplies sterilized bottles in a clean container. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>	23. Bottles are labeled with the child's name and with the date and time filled, refrigerated and used within 48 hours. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>		
21. The mother is instructed to express the milk into the bottles and to refrigerate or freeze the milk. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>	24. Breast milk thawed with warming is used within three hours. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>		
22. Bottles of breast milk are returned to the center in a clean, insulated container which maintains the milk at 41° F or below. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>	25. Breast milk thawed in refrigerator at 41°F or less is used within 24 hours <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>		
<b>BABY FOOD</b>			
26. Unopened commercial baby food is used. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>	28. Opened jars of baby food are covered, labeled with name, date and time opened, refrigerated and used within 24 hours. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>		
27. Outdated baby food is destroyed. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>	29. If a child is fed directly from the baby food jar, the unused portion is discarded. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>		
<b>FEEDING INFANTS / TODDLERS</b>			
30. Infants and toddlers are fed in their own rooms. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>	32. Infants' and toddlers' hands are washed before and after meals and snacks. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>		
31. A harness is used for each child in a high chair. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>			
<b>TODDLER FEEDING</b>			
33. Food substitutions for toddlers are listed on the menus. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>	35. Divided plates and training cups or other appropriate utensils are used. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>		
34. Current menus are posted in the food preparation area, in the toddlers' room and where the parents may view the menus. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>	36. Appropriate sized tables and chairs are used. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>		
	37. Staff are seated with children at meals / snacks at a child-staff ratio of four infants or five toddlers to one. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>		
<b>The above information and attachments are correct, accurate and serve as a written commitment to follow the content and practices referred to within.</b>			
Signature of (check one) <input type="checkbox"/> Owner <input type="checkbox"/> President of Board of Directors <input type="checkbox"/> Director			Date signed (month, day, year)

**Have you attached one (1) copy of the following to each program?**

- a. One (1) week's menu for toddlers
- b. One (1) week's menu for infants
- c. Suggested feeding plans signed and dated by your consulting physician for infants



## SAMPLE MENU FOR INFANTS (8 - 12 months)

State Form 49950 (R / 12-06) / BCC 0063

BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES

The SAMPLE MENU FOR INFANTS is a guideline. Serving sizes depend upon the infant's age, size and development. Serving sizes are listed in amounts appropriate for ages 8 months and 9 - 12 months. Refer to FEEDING PLAN GUIDELINES for specific amounts and kinds of foods by age group. The SUGGESTED FEEDING PLAN is signed by the infant's physician and must be followed by the child care facility.

**INSTRUCTIONS:** \* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.

1. Vitamin A food source - If 1 - 2 meals per day are served, 2. Vitamin A food sources must be offered per week. (strained carrots, winter squash, spinach, apricots, liver)  
If 3 meals per day are served, 4 Vitamin A food sources must be offered per week.
2. Vitamin C food source - 1 time per day (orange juice, grapefruit juice or mixed infant juices fortified with Vitamin C).
3. Provide solid foods with a texture compatible with the infant's ability to chew and swallow. For example, ground or chopped meats, well-cooked mashed vegetables or mashed, canned or cooked fruits.
4. Finger foods may be offered between 9 - 12 months.

MEAL	PATTERN	AMOUNTS 8 Months	AMOUNTS 9 - 12 Months	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast 7:00 a.m.	Formula	7 - 8 oz.	6 - 8 oz.	Formula	Formula	Formula	Formula	Formula
	*Baby Cereal	3 - 5T	4 - 6T	Rice Cereal	Oatmeal Cereal	Barley Cereal	Rice Cereal	Oatmeal Cereal
	Fruit	2 - 4T	2 - 4T	Bananas	Pears	Peaches	Plum	Apricots
AM Feeding 9:00 a.m.	Fruit Juice Fortified with Vitamin C	4 oz.	4 oz.	Orange Juice	Apple Juice	Orange Juice	Apple Juice	Orange Juice
	Cracker or Dry Toast	1 or 1/4	2 or 1/2	Zweiback	Dry Toast	Arrowroot Cookie	Dry Toast	Zweiback
	Formula	7 - 8 oz.	6 - 8 oz.	Formula	Formula	Formula	Formula	Formula
Lunch 12:00 Noon	Meat	None	1 - 2T	Chicken	Beef	Pork	Liver A	Chicken
	Vegetable	5 - 9T	2 - 9T	Carrots A	Winter Squash A	Beets	Winter Squash A	Spinach A
	Potato or 2nd Vegetable (optional)	None	None - 6T	Mashed Potatoes	Green Beans	Peas	Spinach A	Potatoes
	Fruit	2 - 4T	2 - 4T	Applesauce	Peaches	Pears	Plums	Apricots A
	Formula	7 - 8 oz.	6 - 8 oz.	Formula	Formula	Formula	Formula	Formula
PM Feeding 3:00 p.m.	Cracker or Dry Toast	2 or 1/2	2 or 1/2	Dry Toast	Zweiback	Dry Toast	Arrowroot Cookie	Dry Toast
	Formula	7 - 8 oz.	6 - 8 oz.	Formula	Formula	Formula	Formula	Formula
	Meat	None	1 - 2T	Lamb	Veal	Chicken	Pork	Beef
Dinner 6:00 p.m.	Vegetable	5 - 9T	2 - 9T	Beets	Spinach A	Carrots A	Sweet Potatoes A	Winter Squash A
	Potato or 2nd Vegetable (optional)	None	None - 6T	Peas	Potatoes	Potatoes	Green Beans	Peas
	Fruit	2 - 4T	2 - 4T	Pears	Banana	Plums	Applesauce	Peaches
	*Baby Cereal	3 - 5T	None - 4T	Oatmeal Cereal	Barley Cereal	Rice Cereal	Oatmeal Cereal	Rice Cereal
	Formula	6 oz.	6 oz.	Formula	Formula	Formula	Formula	Formula
Evening Feeding 9:00 p.m.	Formula	6 oz.	6 oz.	Formula	Formula	Formula	Formula	Formula



## MENU FOR INFANTS (8 - 12 Months)

State Form 49951 (R / 12-06) / BCC 0064

BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES

The MENU FOR INFANTS is a guideline. Serving sizes depend upon the infant's age, size and development. Serving sizes are listed in amounts appropriate for ages 8 months and 9 - 12 months. Refer to FEEDING PLAN GUIDELINES for specific amounts and kinds of foods by age group. The SUGGESTED FEEDING PLAN is signed by the infant's physician and must be followed by the child care facility.

**INSTRUCTIONS:** \* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.

1. Vitamin A food source - If 1 - 2 meals per day are served, 2 Vitamin A food sources must be offered per week. If 3 meals per day are served, 4 Vitamin A food sources must be offered per week. (strained carrots, winter squash, spinach, apricots, liver)
2. Vitamin C food source - 1 time per day (orange juice, grapefruit juice or mixed infant juices fortified with Vitamin C).
3. Provide solid foods with a texture compatible with the infant's ability to chew and swallow. For example, ground or chopped meats, well-cooked mashed vegetables or mashed, canned or cooked fruits.
4. Finger foods may be offered between 9 - 12 months.

MEAL	PATTERN	AMOUNTS 8 Months	AMOUNTS 9 - 12 Months	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast 7:00 a.m.	Formula	7 - 8 oz.	6 - 8 oz.					
	*Baby Cereal	3 - 5T	4 - 6T					
	Fruit	2 - 4T	2 - 4T					
AM Feeding 9:00 a.m.	Fruit Juice Fortified with Vitamin C	4 oz.	4 oz.					
	Cracker or Dry Toast	1 or 1/4	2 or 1/2					
	Formula	7 - 8 oz.	6 - 8 oz.					
Lunch 12:00 Noon	Meat	None	1 - 2T					
	Vegetable	5 - 9T	2 - 9T					
	Potato or 2nd Vegetable (optional)	None	None - 6T					
	Fruit	2 - 4T	2 - 4T					
	Formula	7 - 8 oz.	6 - 8 oz.					
PM Feeding 3:00 p.m.	Cracker or Dry Toast	2 or 1/2	2 or 1/2					
	Formula	7 - 8 oz.	6 - 8 oz.					
	Meat	None	1 - 2T					
Dinner 6:00 p.m.	Vegetable	5 - 9T	2 - 9T					
	Potato or 2nd Vegetable (optional)	None	None - 6T					
	Fruit	2 - 4T	2 - 4T					
	*Baby Cereal	3 - 5T	None - 4T					
	Formula	6 oz.	6 oz.					
Evening Feeding 9:00 p.m.	Formula	6 oz.	6 oz.					



**SUPPLEMENTAL HEALTH CARE PROGRAM FOR CHILD CARE  
CENTERS PROVIDING INFANT-TODDLER CARE  
SUGGESTED FEEDING PLAN**

State Form 49963 (R / 12-06) / BCC 0073

**BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES**

**INSTRUCTIONS:**

*Prior to admission, a feeding plan shall be established and written for each infant (age 6 weeks - 12 months) in consultation with the parents and based on the written recommendation of the child's pediatrician or family physician. Feeding plans must be continually updated by physician or parent. [470 IAC 3-4.7 (b)]*

The following feeding plan has been recommended for this child.

Name of child			Date of birth (month, day, year)	
Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Physician
Signature of physician / nurse practitioner			Date signed (month, day, year)	



## FEEDING PLAN GUIDELINES

**INSTRUCTIONS:** This is a guideline. Each child will grow at a different rate.

1. Formula and juice may be offered in a training cup when a child is ready.

2. Formula is used until 12 months unless otherwise stated by a physician.

3. Only plain, strained, mashed or chopped vegetables, fruits and meats are offered.

4. Most children are ready for foods of coarser consistency between 9 - 10 months of age. Mashed or chopped table foods may be used.

5. Strained or mashed foods should be introduced at 6 months if the infant's neuromuscular system has developed appropriately. Indications for solid foods are: the ability to swallow non-liquid foods, to sit with support, head and neck control, and to show that the child is full lean back or turn away.

6. Finger foods may be offered between 9 - 12 months when infant is developing finger / hand coordination.

2 MONTHS - 5 MONTHS				
TIME INTERVAL	AMOUNT EACH FEEDING			
	Month 2	Month 3	Month 4	Month 5
6:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
6:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.

6 MONTHS - 12 MONTHS					
	Month 6	Month 7	Month 8	Month 9	Months 10, 11, and 12
Total Amount of Formula Per 24 Hours	30 - 48 oz.	30 - 32 oz.	29 - 31 oz.	26 - 31 oz.	24 - 32 oz.
7:00 a.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T baby cereal *	7 - 8 oz. formula 3 - 5T baby cereal *	7 - 8 oz. formula ** 4 - 6T baby cereal * 2 - 4T fruit	6 - 8 oz. formula ** (1 cup) 1/4 - 1/2 baby cereal * 2 - 4T fruit
9:00 a.m.	5 - 8 oz. formula	6 oz. formula	1/2 cup Vit. C fortified fruit juice 1/4 dry toast or 1 cracker	1/2 cup Vit. C fortified fruit juice 1/2 dry toast or 2 crackers	1/2 cup Vit. C fortified fruit juice 1/2 dry toast or 2 crackers
12:00 Noon	5 - 8 oz. formula 1/2 dry toast or 2 crackers	6 oz. formula 2 - 3T strained vegetable	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit	7 - 8 oz. formula ** 1 - 2T meat 5 - 9T vegetable 2 - 4T fruit	6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 5 - 9T vegetable 4 - 6T fruit
3:00 p.m.	5 - 8 oz. formula	6 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula ** 1/2 dry toast or 2 crackers	6 - 8 oz. formula ** (1 cup) 1/2 dry toast or 2 crackers
6:00 p.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T strained fruit 2 - 3T baby cereal *	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit 2 - 5T baby cereal *	7 - 8 oz. formula ** 5 - 9T vegetable 2 - 4T fruit 1T meat 4T baby cereal *	6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 2 - 4T vegetable 2 - 4T fruit
9:00 p.m.	5 - 8 oz. formula	May start sleeping through the night.			

\* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.

\*\* Formula may be offered in a training cup.



**MENU FOR TODDLERS**

State Form 49952 (R / 12-06) / BCC 0065

**BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES**

MEAL	FOOD	MINIMUM AMOUNT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast	Fruit or Juice	1/4 cup					
	Cooked Cereal or Toast	2T or 1/4 slice					
	Milk or Formula	1/2 cup					
AM Snack	Citrus Juice or Fruit	1/2 cup					
	Cracker	2					
Lunch	Meat	1 - 2T					
	Vegetable	1 - 2T					
	Second Vegetable or Fruit	1 - 2T					
	Bread	1/4 slice					
	Milk or Formula	1/2 cup					
PM Snack	Milk or Formula	1/2 cup					
	Cracker	2					

The menu for 2 year olds and older may be used for toddlers if appropriate food substitutions are listed on the menu.



## **SANITATION / STERILIZATION PROCEDURES FOR BOTTLES, NIPPLES, COLLARS, CAPS**

State Form 49953 (R2 / 12-06) / BCC 0066

BUREAU OF CHILD CARE  
402 W. WASHINGTON ST., RM W386  
INDIANAPOLIS, IN 46204

1. Prewash in hot detergent water. Scrub the bottles and nipples inside and out with bottle and nipple brush. Squeeze water through nipple hole during wash.
2. Rinse well with clean, hot water.
3. Rolling boil: bottles, nipples, collars, caps and tongs for no more than one (1) minute.
4. Air dry.
5. Hands must be clean and care taken in handling techniques to prevent contamination of clean bottles / nipples.
6. Store all items separately in a clean, covered, labeled container away from food.

OR

1. Bottles, bottle caps, nipples, and other equipment used for bottle feeding may be cleaned and sanitized in an approved commercial dishwasher (for Licensed Child Care Centers / Unlicensed Registered Child Care Ministries) or household dishwasher (for Class 1 and Class 11 Licensed Homes only).
2. Once dry, items must be stored separately in a clean, covered, labeled container away from food.

Reference: *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*; 2nd edition



## BREAST MILK PROCEDURE

State Form 49954 (R / 12-06) / BCC 0067

BUREAU OF CHILD CARE  
402 W. WASHINGTON ST., RM W386  
INDIANAPOLIS, IN 46204

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (*see "Parent Agreement"*).
2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.
3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (*see "Parent Agreement"*).
4. Fresh, refrigerated breast milk must be used within 48 hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for 2 months or stored in a deep freezer at 0° F for 6 months.
5. Frozen breast milk may be thawed as follows:
  - (a) Frozen breast milk may be thawed under warm water, gently mixed, used within one (1) hour or refrigerated immediately and used within three (3) hours. Label the bottle with the time and date thawed and method used for thawing ("*warm water*" or "*heat thaw*").
  - (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, **never warm** the breast milk until ready to feed the child.

### **NEVER HEAT BREAST MILK IN A MICROWAVE!**

**Note:** Once a bottle is fed to infant, the remainder **must be discarded** and cannot be returned to the refrigerator.

### PARENT AGREEMENT

I, \_\_\_\_\_, agree to provide my breast milk for my child \_\_\_\_\_  
in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining this milk at 41° F or below during home storage and transport to the center.

Signature of parent

Date (*month, day, year*)